

of work and organizational psychology. Special issue: age in the workplace: challenges and opportunities. 2013. June. Vol. 22, № 3. P. 293–305.

19. Zaniboni S., Truxillo D., Fraccarollo F. Differential effects of task variety and skill variety on burnout and turnover intentions for older and younger workers // Ibid. P. 306–317.

Рукопись поступила в редакцию 3 июня 2016 г.

УДК 159.923 + 159.942.22 + 159.944.4 + 369.221.3 + 17.021.1

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BUILDING RESILIENCE AFTER SUFFERING FROM BURNOUT SYNDROME: PERCEIVED CHANGES IN PERSONALITY, VIEWS, VALUES AND BEHAVIOURS CONNECTED WITH WORK

Burnout is recognized as a syndrome that has a long-term impact on the employee, on his/her peers at work, and also on the productivity and efficiency. Returning to work after suffering from burnout syndrome is a big challenge for the employee, and for the employer also. The person who recovered usually has changed personality, views, values, and behaviours connected with work. She or he has to receive the necessary support from co-workers and leaders, especially in terms of understanding him/her and partially adapting his/her responsibilities at work when they return. A part of building resilience consists of an inner strength, which is the sum of the personality traits that supports the employee to deal successfully with stressful situations once back to work. In Slovenia the study focused on building resilience after suffering from burnout syndrome was conducted. Its results indicated a need for implementing organized and systematic forms of assistance spread between leaders, peers, friends, family, and the system as a whole.

Key words: resilience, burnout recovery, work, employee, personality, values.

Factors influencing the occurrence of burnout syndrome. Workplace well-being is the key to suitable productivity. Numerous factors influence whether an individual experiences workplace well-being or suffers burnout. Studies to date have shown that burnout is most highly correlated with situational factors in the workplace – the characteristics of the job, the profession and the organisation. Burnout is caused by the following factors: overwork, lack of supervision, insufficient rewards, breakdown of community, unfairness/inequity, conflicting values, role conflict and lack of social support, social comparison and the “contagiousness” of burnout within a team.

The professions most at risk, which are also among those most studied, are doctors, psychiatrists, teachers [2] and social care workers [11]. The results of studies conducted on small samples indicate that risks are greater among older employees [2], managers, the self-employed and the more highly qualified [5]. Women tend to be more emotionally exhausted and experience a higher degree of depersonalisation, which can also be attributed to differences in traditional patterns of gender roles [15].

Consequences of burnout. The consequences of burnout appear in various forms and are reflected both in the individual and in his or her performance (performance at

the organisational level). Psychosomatic complaints such as headaches, muscle tension, digestive problems, breathing problems, cardiovascular problems, dizziness, faintness and similar are signs that the body is facing the demands of the environment. Emotional exhaustion is linked to cardiovascular problems, while cynicism is linked to digestive problems. Burnout sufferers try to alleviate the consequences with drugs and alcohol, which can further worsen the situation [10]. Burnout is also related to mental health problems such as depression, anxiety and insomnia [12]. Emotional exhaustion and depersonalisation are related to psychological stress and feelings of powerlessness [9]. Studies have shown that the social and family relationships of individuals suffering from burnout tend to deteriorate [4]. As a result they distance themselves emotionally from work, and also from friends, find themselves in conflict situations more frequently and reduce their social life [6].

Signs of burnout reflected in work. Schaufeli and Enzmann (1998) report that burnt-out individuals become highly critical of the organisation and no longer trust colleagues [13]. An individual's assessment that the demands of the job exceed his or her abilities also affects his or her job satisfaction [7] and total sickness absenteeism [14]. Burnout is also one of the best predictors of leaving an organisation. Individuals feel that the only way to cope with stress is to leave their job [8].

Inner strength of employees. It is not, however, only professional factors or environmental factors that affect whether or not an individual will suffer burnout. Workplace well-being also depends on the personal characteristics of individuals such as personality traits, temperament and strategies for coping with stress. These are developed over time, with the accumulation of relevant knowledge and experience. We can talk about inner strength, which is the sum of the personality traits that enable the individual to deal successfully with stressful situations, in other words the ways in which he or she confronts stressful situations in everyday life. Given that we live in a world where we are increasingly exposed to various stressful situations and time pressures, it is vital that we are able to deal with them in a suitable way and in this way reduce their negative impact on our mental health.

Inner strength has a positive effect on employees' well-being and helps them resolve everyday problems. It consists of four dimensions deriving from meta-theoretical analysis: firmness, creativity, connectedness, flexibility. Inner strength represents acceptance of changes (both positive and negative) as inevitable, keeping both feet on the ground and connecting with family, friends, society and nature. It describes the desire to take responsibility for one's own actions and to confront problems. Having inner strength is to be creative and flexible, to believe in one's own abilities to act, to make choices, and to influence life's trajectory in a meaningful direction. Inner strength is thus a source of well-being and support for personal knowledge and growth.

Changing the working environment. Alongside personality factors that can develop adequate resistance to stress, we can also improve (change) the psychological circumstances of work and interpersonal relations. Workplace burnout can be prevented by improving the psychological circumstances of work through so-called organisational measures. These can protect managers and employees from burnout, help retain the best employees and increase commitment to work. At the same time they increase productivity and competitiveness, and thus also revenue. The planning of programmes

to prevent burnout and the reintegration into the working environment of people who have suffered from burnout syndrome must be done holistically. It must take into account both the personal characteristics of the individual, the characteristics of the job and the characteristics of the wider environment in which the individual moves.

Interventions to prevent burnout can be focused on a person/group, on the organisation or on both. Such processes relate to reducing stressors or increasing resilience. Interventions focused on the individual usually relate to cognitive–behavioural processes aimed at increasing the individual's ability to do the job, improving coping skills, increasing social support or relaxation. The majority of interventions are focused on the individual and cognitively–behaviourally oriented for the purposes of cognitive restructuring [13].

Interventions focused on the organisation, on the other hand, usually relate to changing work processes (e.g. restructuring of tasks, evaluation of work or introduction of supervision) with the aim of reducing the demands of the job and increasing control over work by involving employees in decision-making.

Despite the importance of this topic, there have in general been few studies of the effectiveness of interventions in reducing burnout, above all among the highly burnt-out. Generally speaking, interventions focus on reducing stress. Awa, Palumann and Walter (2010) find, after analysing interventions published in scientific literature between 1995 and 2007, that 80 % of all interventions led to a reduction in burnout. Interventions focused on the individual were effective in the short term (6 months or less), while interventions focused on both the individual and the organisation had longer positive effects (12 months or more). In all cases the positive effects of interventions diminished over time [1].

Results of a study on building resilience after suffering from burnout syndrome.

A study conducted in Slovenia [3] aimed to examine the period after an individual has suffered burnout syndrome, with an emphasis on the relationship between the employee who has suffered burnout and his or her employment, as represented by the employer (director, line manager), the HR department (in the form of help), colleagues, the nature of the job and the physical environment of the workplace. Among other things we looked for factors that can help burnt-out individuals build suitable resilience during the recovery process [Ibid.].

All participants in this study reported that recovery would not have been possible if they had not themselves had sufficient motivation and self-discipline to change their thinking, self-evaluation and behavioural patterns. The majority of participants rated their own contribution to their recovery as being the most important. Nevertheless, all participants mentioned at least one support factor in coping with problems in the workplace: family members, friends, the wider environment, colleagues, superiors or healthcare professionals.

The majority of participants in the study highlighted the importance of support from family or friends in their recovery and, in this connection, a quicker return to work. They mentioned the strong emotional support, understanding and help they received. They also mentioned encouragement in coping with problems, financial assistance during absence from work and help in balancing private and professional life. Help in achieving a good work–life balance was very useful to the majority of participants,

who recognised it as an important contribution to recovery. This form of help related above all to augmenting the importance of private life and relaxation during free time (helping parents or children with household chores, cooking a meal together, inviting friends over and socialising more frequently, more frequently taking time for hobbies and for themselves).

Employees who returned to work after suffering burnout most frequently sought support from colleagues. They mentioned their support and understanding, including from superiors and subordinates. Participants felt that understanding and help were useful to them, but in the end the feeling prevails that they themselves were most responsible for their recovery.

Their assessments of reactions from healthcare professionals were highly individual. The majority of participants visited more than one doctor or medical institution — in some cases they encountered approval, while in others there was an absence of understanding or knowledge of burnout syndrome. As well as seeing a general practitioner, participants turned to various forms of organised psychological help (group, individual psychotherapy), psychiatrists, homoeopaths, creative workshops, yoga, meditation, frequency therapy, massage, EEG monitoring, etc.

The following obstacles were reported most frequently: lack of knowledge about the condition, absence of formal criteria for diagnosis, prejudices and stigma. The effectiveness of these factors was limited to individual feedback. In our study we came to the realisation that every participant, having tried several possibilities, eventually found the form of treatment that suited them and helped with their recovery. Causes for concern include the fact that healthcare professionals sometimes know too little about the occurrence of burnout syndrome, that no classification yet exists in Slovenia in which this condition could unambiguously be placed (which would help diagnosis and make it easier to reach agreements on funding treatment), and that no uniform programme exists for treating people with burnout syndrome.

Building employees' resilience. The most worrying finding of the study is without a doubt the problem of the lack of knowledge of burnout syndrome — both of its causes, factors and consequences and of the various forms of help. Participants most frequently highlighted their desire for a programme for comprehensive recovery and a more successful return to work. The reality of the present situation is unfortunately different, since employees with burnout syndrome are most often left to themselves and the individual engagement of their surroundings. Participants most often emphasised the importance of the social support provided by friends, colleagues, superiors or family, while on the part of companies there was an absence of a systematic approach to a problem that is becoming increasingly frequent and widespread, regardless of gender, age, education or profession.

The first step on the path to providing more effective help to employees suffering from burnout syndrome is recognition of the causes and consequences of the condition on the part of the employer. Today burnout is still a frequently overlooked and stigmatised phenomenon, despite the fact that it has long-term negative effects — poorer employee satisfaction, higher rates of fluctuation and absenteeism, a weaker sense of belonging to an organisation and a disconnect between the situation in a company and corporate values. A stressful working environment within an organisation is also

reflected outwardly, and consequently worsens the public perception of the company. The rapid and effective identification of the causes and factors of burnout syndrome is therefore of key importance for the timely regulation of these consequences.

The biggest challenge facing employers in the future with regard to employee burnout will undoubtedly be the introduction of organised forms of help for employees returning to work. The solution does not only lie in the organisation itself or in the introduction of “modern” measures. The company’s connection with various support factors (friends, family, employer), while taking into account the individual characteristics of the employee, is also important.

1. Awa W., Plaumann M., Walter U. (2010). Burnout prevention: A review of intervention programs. *Patient Education and Counseling*, 78, 184–190.
2. Bakker A. B., Schaufeli W. B., Van Dierendonck D. (2000). Burnout; prevalentie, risicogroepen en risicofactoren (Burnout: Prevalence, risk groups and risk factors) // I. L. D. Houtman, W. B. Schaufeli, & T. Taris (Eds.). *Psychische vermoeidheid en werk; Cijfers, trends en analyses* (pp. 65–82). Alphen a/d Rijn : Samson.
3. Boštjančič E., Koračin N. (2014). Returning to work after suffering from burnout syndrome: perceived changes in personality, views, values, and behaviors connected with work. *Psihologija*, 47(1), 131–147.
4. Burke R. J., Deszca E. (1986). Correlates of psychological burnout phases among police officers. *Human Relations*, 39, 487–501.
5. Cole D. C., Salahadin I., Shannon H. S. et al. (2002). Work and life stressors and psychological distress in the Canadian working population: a structural equation modelling approach to analysis of the 1994 National Population Health Survey. *Chronic Diseases in Canada*, 23(3), 91–99.
6. Cordes C. L., Dougherty T. W. (1993). A review and an integration of research on job burnout. *Academy of Management Review*, 18, 621–656.
7. Fogarty T. J., Singh J. P., Rhoads G. K., Moore R. K. (2000). Antecedents and consequences of burnout in accounting: Beyond the role stress model. *Behavioral Research in Accounting*, 12, 31–68.
8. Goodman E., Boss R. W. (2002). The phase model of burnout and employee turnover. *Journal of Health and Human Services Administration*, 25(1/2), 33–47.
9. Lee R. T., Ashforth B. E. (1990). On the meaning of Maslach’s three dimensions of burnout. *Journal of Applied Psychology*, 75, 743–747.
10. Maslach C. (1982). *Burnout: The cost of caring*. Englewood Cliffs, NJ : Prentice Hall.
11. Matthews D. B. (1990). A comparison of burnout in selected occupational fields. *Career Development Quarterly*, 38, 230–239.
12. Quick J. C., Quick J. D., Nelson D. L., Hurrell J. J. (Eds.) (1997). *Preventive stress management in organizations*. Washington, DC : American Psychological Association.
13. Schaufeli W. B., Enzmann D. (1998). *The burnout companion to study and practice: A critical analysis*. L. : Taylor & Francis.
14. Ybema J. F., Smulders P. G. W., Bongers P. M. (2010). Antecedents and consequences of employee absenteeism: A longitudinal perspective on the role of job satisfaction and burnout. *European Journal of Work and Organizational Psychology*, 19(1), 102–124.
15. Van Horn J. E., Schaufeli W. B., Enzmann D. (1999). Teacher burnout and lack of reciprocity. *Journal of Applied Social Psychology*, 29(1), 91–108.

Рукопись поступила в редакцию 1 июня 2016 г.